

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Patent Number	6,994,842 B2
Issue Date	February 7, 2006
First Named Inventor	LEE, Kang P.
Art Unit	1616
Examiner Name	Mina Haghighatian
Attorney Docket Number	022024-000200US

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number 20350

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: At the request of the client, Oxford BioMedica (UK) Ltd.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Aspen Aerogels, Inc.		
Address	30 Forbes Road, Building B		
City	Northborough	State MA	Zip 01532
Country	US		
Telephone	(508) 691-1111	Email	
Signature	<i>Karen Babyak Dow</i>		
Name	Karen B. Dow	Registration No.	29,684
Date	August 23, 2007	Telephone No.	858-350-6100

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.